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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/910,345	
	Filing Date	July 20, 2001	
	First Named Inventor	H. Michael Shepard	
	Art Unit	1631	
	Examiner Name	Smith, Carolyn L.	
Total Number of Pages in This Submission	40	Attorney Docket Number	NB 2017.00

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement w/1449A <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name	Bingham McCutchen LLP Antoinette F. Konski			
Signature				
Date	April 15, 2004			

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Peggy Nichols		
Signature		Date	April 15, 2004

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FEE TRANSMITTAL
for FY 2004
Effective 10/01/2003. Patent fees are subject to annual revision.
☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 235
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Complete if Known	
Application Number	09/910,345
Filing Date	July 20, 2001
First Named Inventor	H. Michael Shepard
Examiner Name	Smith, Carolyn L.
Art Unit	1631
Attorney Docket No.	NB 2017.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:	
Deposit Account Number	50-2518
Deposit Account Name	Bingham McCutchen LLP
The Director is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1001	770	Utility filing fee
		1002	340	Design filing fee
		1003	530	Plant filing fee
		1004	770	Reissue filing fee
		1005	160	Provisional filing fee
SUBTOTAL (1)				(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	-20 **	=	0	X
Independent Claims	-3 **	=	0	X
Multiple Dependent		=	0	X
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	86	Independent claims in excess of 3
		1203	290	Multiple dependent claim, if not paid
		1204	86	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) 0

FEE CALCULATION (continued)					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	55
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	180.00
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)				(\$) 235	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Antoinette F. Konski	Registration No. (Attorney/Agent)	34,202
Signature	<i>Antoinette F. Konski</i>	Telephone	(659) 849-4950
		Date	April 15, 2004

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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